

Assembly Bill No. 1512

CHAPTER 467

An act to add Section 14093.10 to the Welfare and Institutions Code, relating to Medi-Cal.

[Approved by Governor October 11, 2007. Filed with
Secretary of State October 11, 2007.]

LEGISLATIVE COUNSEL'S DIGEST

AB 1512, Torrico. Medi-Cal: foster children.

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, and which provides health care services to qualified low-income recipients. The Medi-Cal program is partially governed and funded by federal Medicaid provisions. Under existing law, low-income children in foster care are covered under the Medi-Cal program. Existing law requires the county child welfare agency with the responsibility for the care and placement of the foster child, in consultation with the child's foster caregiver, to determine whether it is in the best interest of the child to enroll in a Medi-Cal managed care plan. In some counties a county organized health system provides Medi-Cal services. Existing law requires the department to establish for Medi-Cal managed care plans urgent disenrollment procedures for foster children in out-of-county placements.

This bill would require that, whenever a foster child enrolled in a county organized health system is placed in an out-of-county placement, the county child welfare or probation agency with responsibility for the care and placement of the child determine, no later than one day after the out-of-county placement begins and in consultation with the child's foster caregiver, whether the child should remain in the county organized health system. If it is determined that the child should be disenrolled, the county department is required to submit a request to the appropriate entity that the child be disenrolled.

This bill would require the department to develop urgent disenrollment procedures that require county organized health systems to disenroll foster children who have been placed out of county within 2 working days of that placement in order that they may be enrolled in a Medi-Cal managed care plan in the county of the placement. The bill would require the department and the county organized health systems to perform other related duties.

By placing new duties on counties, this bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to these statutory provisions.

The people of the State of California do enact as follows:

SECTION 1. The Legislature finds and declares all of the following:

(a) Children and adolescents in foster care suffer serious health, emotional, and developmental problems. As a group, they suffer higher rates of serious physical or psychological problems than other children from the same socioeconomic backgrounds.

(b) Given their overwhelming and complex needs, foster children require and use health services more than other children do. A high percentage of foster children require ongoing medical treatment.

(c) Foster children from counties that use a county organized health system as their Medi-Cal managed care plan model face particular barriers to health care when they need to be disenrolled from the county organized health system due to an out-of-county placement.

(d) When a county has a county organized health system, Medi-Cal recipients in that county, including foster children, must receive their Medi-Cal services from a provider in the county organized health system's network.

(e) Foster children currently are unable to disenroll from a county organized health system in a timely manner following their placement in a different county. Until they are disenrolled from the county organized health system, they cannot be enrolled in a health care plan serving their new county of residence.

(f) The inability to effect timely disenrollment from county organized health systems interferes with foster children's access to routine medical care, including some nonemergency mental health services, and prescription medications. It also can create a barrier to dental care when dental care providers mistakenly deny services to foster children due to their continued enrollment in the county organized health system in their previous county of residence. Lack of access to medical services jeopardizes not only foster children's health but also their placement.

(g) This barrier to health care for foster children has existed since the county organized health system model was created. It was addressed in the March 1998 report by the Institute for Research on Women and Families entitled "Code Blue: Health Services for Children in Foster Care." Despite the passage of nearly a decade since that report was published, the barrier has not been removed.

(h) Eight counties currently have county organized health systems: Monterey, Napa, Orange, San Mateo, Santa Barbara, Santa Cruz, Solano, and Yolo. As of July 1, 2006, 28 percent of child welfare-supervised foster children from county organized health system counties, nearly 1,700

children, were placed out of the county. Recent data regarding probation-supervised foster children are not available.

(i) In recent years, other counties have expressed interest in adopting the county organized health system model, and there has been a proposal to expand existing county organized health systems to include other counties, including Lake, Marin, Mendocino, San Benito, San Luis Obispo, Sonoma, and Ventura.

SEC. 2. Section 14093.10 is added to the Welfare and Institutions Code, to read:

14093.10. (a) Whenever a foster child enrolled in a county organized health system, established pursuant to Article 2.8 (commencing with Section 14087.5), is placed in an out-of-county placement, the county child welfare agency or probation department with responsibility for the care and placement of the child shall determine, in consultation with the child's foster caregiver, whether the child should remain enrolled in that county organized health system. The determination shall be made no later than one working day after the out-of-county placement begins.

(b) If it is determined, pursuant to subdivision (a) or at any later date, that a foster child should be disenrolled from a county organized health system due to an out-of-county placement, the county child welfare agency or probation department with responsibility for the care and placement of the child shall request that the child be disenrolled from the county organized health system. The request shall be made to the entity designated by the State Department of Health Care Services to receive requests for disenrollment or to the department, if the department has no designee, no later than one working day after either of the following occurs:

(1) The out-of-county placement begins.

(2) It is determined that a child who initially remained enrolled in the county organized health system following the out-of-county placement, pursuant to subdivision (a), should subsequently be disenrolled.

(c) The State Department of Health Care Services shall, in consultation with other agencies and organizations interested in health care access for foster children, establish for county organized health systems urgent disenrollment procedures that provide for disenrollment of foster children in out-of-county placements within two working days of receipt by the department's designee or by the department, if the department has no designee, of a request for disenrollment made by the county child welfare services agency, the county probation department, the foster caregiver, or any other person authorized to make medical decisions on behalf of the foster child.

(d) The department shall issue all-county letters or similar instructions to implement subdivision (c) no later than January 1, 2009, and thereafter shall adopt any necessary implementing regulations.

SEC. 3. If the Commission on State Mandates determines that this act contains costs mandated by the state, reimbursement to local agencies and

school districts for those costs shall be made pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code.

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